State of Oregon Drinking Water Program

Monthly Disinfection Report for Ground Water Systems

System Name: Hopewell Water Company — PWS ID# 4 1 00251

Month/Year: 12/2025 — Entry Point: A — Required Minimum Residual: 0.8 mg/L

Date	Time	Source(s) in use	Lowest free chlorine residual at entry point to distribution system (mg/L)	Notes
1	5:08	FENTON'S GARAGE	1.2	
2	3:20		1.2	
3	3:37		1.1	
4	3:40		1.1	
5	3:33		1.0	
6	5:24		0.9	
7	5:30		0.9	
8	5:52		0.8	
9	3:50		0.8	
10	3:14		1.2	
11	3:42		1.2	
12	3:48		1.1	
13	5:31		1.0	
14	5:25		1.0	
15	5:22		0.9	
16	3:17		0.9	
17	3:12		0.8	
18	3:29		0.8	
19	3:19		1.2	
20	5:41		1.2	
21	5:14		1.1	
22	5:51		1.1	
23	3:11		1.0	
24	3:10		1.0	
25	3:44		0.9	
26	3:22		0.9	
27	5:33		0.8	
28	5:50		1.2	
29	5:17		1.2	
30	3:18		1.1	
31	3:44		1.1	

Was the chlorine residual ever less than the required minimum residual of 0.8 mg/L? ☐ Yes ☒ No

If yes, what was the longest time period until the required level was restored? ____ hours – If > 4 hours, Drinking Water Program to be notified by end of next business day.

GWS Serving 3,300 or Fewer

If yes, did you monitor every four hours until the residual returned to ____ mg/L as required? ☐ Yes ☐ No

Attach those results and submit them with this form.

GWS Serving More Than 3,300

Did continuous monitoring equipment fail at any time this reporting month? ☐ Yes ☐ No

If yes, were grab samples collected every four hours until the continuous monitoring equipment was returned to service as required? ☐ Yes ☐ No

Attach grab sample results and submit them with this form.

Date continuous monitoring equipment failed: / /

Date it was returned to service: / /

Printed Name: Brett Aldrich

Signature: Brett Aldrich

Date: 01/02/2026

Title: Water Master

Phone #: (503) 871-0457

Operator Certification #:

OR

Small Groundwater System ☐

Return by 10th of following month by either email dwp.dmce@state.or.us; fax 971-673-0694; or mail to Drinking Water Services, PO Box 14350, Portland, OR 97293-0350.